	U.S. Pel		PTC/88/22 (08-04) in 07/31/2008. CMB 0651-0031 DEPARMENT OF COMMERCE yo a valid OMB control number.	
U.6. Peter Under the paperwork Reduction Act of 1995, no persons are required to respond to a callection PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) PHNL 000550		
Application Number 09/982,241		Filed 10/17/2001	• • •	ECEIVED AL FAX CENTE
of Method of Controlling an Arrangement of Hardware	Camponents			
ut Linit 2126				C 0 2 2004
his is a request under the provisions of 37 CFR 1.135(a) pplication. The requested extension and fee are as follows (check the	me period desired			
П	ERE	\$65	s <u>110</u>	
X One month (37 CFR 1.17(a)(1))	\$110	•	\$	
Two months (37 CFR 1.17(a)(2))	\$420	\$210	\$	
☐ Three months (37 CFR 1.17(a)(3))	\$950	\$475		
Four months (37 CFR 1.17(a)(4))	\$1480	\$740	s	
Five months (37 CFR 1.17(a)(5))	\$2010	\$1005	\$	
Applicant claims small entity status. See 37 CFR 1	<b>.2</b> 7.			
☐ A check in the amount of the fee is enclosed.				
	ttached.			
Payment by credit card. Form P10-2036 is at  The Director has already been authorized to		is application to a Dep	osit Account.	
The Director is hereby authorized to charge a	iny fees which m I ha	ay be required, or cred ave enclosed a duplica	lit any overpayment, te copy of this sheet.	
WARNING: Information on this form may become pur Provide credit card information and authorization on	nne. Crudit card hi	ommation should not be in	ctuded on this form.	]
I am the  applicant/inventor.				
assignee of record of the ent Statement under 37 CFR	3.73(b) is enclos	ed (Form PTO/SB/90)	. ·	
attorney or agent of record. I	Registration Num	ıber <u> </u>		· ·
attorney or agent under 37 C Registration number if acting ar		34,374	•	
Care I da- L	_	December :	2, 2004	
Signature			Dete	
James D. Leimbach		(585) 38	(585) 381-9883	
Typed or printed name			none Numbér	
NOTE. Signatures of all the inventors or assignees of record of the arti- algusture is required, see balow.	re interest or their repre	sentative(s) are required. Submi	t multiple forms if more than one	
	submitted.			

comments on the procure of time you require to commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPL U.S. Petert and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPL FORMS TO THIS ADDRESS. BEND TO: Commissioner for Patients, P.D. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.

12/06/2004 AWONDAF1 00000011 09982241

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